

VDA Nutritional Screening for an Individual

VDA Sample Agency

Assess Date 03/29/2000

Name: Abbie Hanson

SSN 000-00-0551

1. I Have an Illness or condition that made me change the kind and/or amount of food I eat	Yes	2
2. I eat fewer than 2 meals per day	No	0
3. I eat few fruits or vegetables or milk products	No	0
4. I have 3 or more drinks of beer, liquor or wine almost every day	No	0
5. I have tooth or mouth problems that make it hard for me to eat	No	0
6. I don't always have enough money to buy the food I need	Yes	4
7. I eat alone most of the time	Yes	1
8. I take 3 or more different prescribed or over-the-counter drugs a day	Yes	1
9. Without wanting to, I have lost or gained 10 pounds in the last 6 months	No	0
10. I am not always physically able to shop, cook and/or feed myself	Yes	2

Total Nutritional Score 10

Based on the total score this client is in **High Risk**